

apply those lessons, especially those life-skills lessons, to their own experience and they use it to learn grammar, they use it to learn math, they use it to learn science. And the beauty of this is, even if these children, Lord forbid, are unable to go on to secondary school, unable to go on to high school, unlikely to go on to college, they will have learned valuable lessons on preventive health care.

We know these lessons will go a long way in preventing some of the great health challenges that we have seen.

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It will pay off in the long-run in these countries. It will pay off for America. It is a wonderful thing.

The good news is our dollars are working. I thank the gentleman from North Dakota (Mr. POMEROY) for the wonderful experience he included for me. It was truly a great experience.

#### AMERICAN HEART MONTH

The SPEAKER pro tempore (Mr. SHIMKUS). Under a previous order of the House, the gentlewoman from California (Ms. MILLENDER-MCDONALD) is recognized for 5 minutes.

Ms. MILLENDER-MCDONALD. Mr. Speaker, I would like to wish everyone a happy Valentine's Day.

As we know, this is the day that everyone speaks from the heart. This is a day more flowers, especially roses, are given to loved ones, more chocolate and other boxes of candy are purchased. But I would like to call attention to this heart day and our heart health.

While we celebrate Valentine's Day, let us not forget our heart and the signs it gives off, or in some cases, signs that do not give off that are important.

Mr. Speaker, in 1963, a congressional mandate designated February as American Heart Month. Because Valentine's Day is the day of the heart, it is fitting to raise awareness that heart disease kills nearly one million Americans every year, which is about 41 percent of deaths here in the United States.

Heart disease is the number one killer of Americans. Every 33 seconds an American dies from heart disease, and every 21 seconds someone suffers a heart attack. Due to these statistics, Americans need to become more educated on heart disease risks, prevention, and treatment.

Heart disease is also the number one killer for women. About one in five women have some form of heart disease. Even though surveys show that women view breast cancer as a much greater risk to their health than heart disease, the reality is that a woman's lifetime risk of dying from heart disease is one in two, whereas it is one-in-nine lifetime risk for contracting breast cancer, which is also important to be educated and seek examination.

High cholesterol and hypertension are two of the main causes of heart dis-

ease, which is alarming considering the following statistics. Approximately 50 percent of women have cholesterol levels of 200/dL or higher. Seventy-nine percent of black women and 60 percent of Caucasians over the age of 45 were classified as having hypertension.

Further, women often experience other AIDS-related diseases, such as arthritis and osteoporosis that can mask heart disease symptoms and delay the seeking of necessary medical care.

There are also critical preventive measures that include tobacco-use cessation, regular exercise, reduced daily alcohol intake, and controlled blood pressure that women should know of and take to try to avoid this fatal disease.

While heart disease is also the number one killer in my State of California, the good news is that heart disease in California is less than the national average. We must ensure that fighting this disease is on the forefront of our agenda.

In addition to having annual check-ups, screening and participating in regular exercise, it is important to be aware of the heart attack symptoms, which include uncomfortable pressure, fullness, squeezing or pain in the center of the chest lasting more than a few minutes; pain spreading to the shoulders, neck and arms; chest discomfort with light-headedness, fainting, sweating, nausea or shortness of breath; atypical chest pain, stomach or abdominal pain, nausea, or dizziness.

Women typically do not have the crushing chest pain, which is considered a classic symptom. As a result, women's symptoms can be overlooked until it is too late.

Heart disease is a critical health issue. Both men and women need to understand how they can prevent and detect heart disease. Both men and women need to become aware of heart attack symptoms and what to do if they experience any of these symptoms. We need a national effort to raise awareness of this disease.

Perhaps most of all, as the new co-chair of the Congressional Caucus on Women's Issues, I urge all of my colleagues to please make sure they understand the facts and that they, their mothers, sisters, brothers, uncles, daughters all get screened on an annual basis.

So, happy Valentine's Day, Mr. Speaker; and let us not forget the heart.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Illinois (Mrs. BIGGERT) is recognized for 5 minutes.

(Mrs. BIGGERT addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

#### ELECTION REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gen-

tleman from Rhode Island (Mr. LANGEVIN) is recognized for 5 minutes.

Mr. LANGEVIN. Mr. Speaker, I am pleased to be here on the floor of the House this afternoon submitting this special order on election reform.

Mr. Speaker, today I would like to address an issue that has been prominent in the minds of many Americans over the past few months but has been on my mind since 1993.

Twenty election reform proposals have been introduced in the House of Representatives since the opening of the 107th Congress. I applaud the thoughtful and expedient response of my colleagues as I myself am soon to unveil my own proposal for strengthening America's voting system and have, in fact, organized my first town hall meeting during the President's Day recess on this specific issue.

When I was elected Secretary of State for the great State of Rhode Island, it had the oldest voting equipment in the entire Nation. Beginning in 1993, as a State representative and then as Secretary of State, I worked with my colleagues in the legislature, the State Board of Elections, local canvassing authorities, and the public to investigate voting problems throughout the State and develop effective solutions.

By May of 1994, our Commission reported the need to replace our antiquated Shoup lever voting machines with optical scanning equipment. Because it is cost effective, it would help increase voter participation.

By the end of 1996, the procurement process had begun; and by September 1997 primary local elections, the optical scan equipment was firmly in place. In both 1998 and 2000 elections, these machines were in full operation throughout the State of Rhode Island.

Implementation of the new optical scan equipment was cost effective because it was cost neutral. Rhode Island's revenue neutral laws ensured that the expenses for staffing, storage, and transportation of voting equipment and printing and mailing ballots all equal the cost of establishing this new system. We also met our goal of increasing voter participation by increasing the number of registered voters by nearly 60,000 from 1993 to the year 2000.

Finally, ensuring timely accuracy in tabulating votes was also a top priority. Because the optical scan machines read voting ballots by sensing the mark within a defined period indicating the vote, this method ensures the clear intent of the voter is transmitted and tabulated.

This system also provides an audit trail for each ballot and enabled the use of ballots printed in multiple languages. However, since the machines were not accessible to blind or sight-impaired voters, I also introduced the Braille and Tactile ballot initiative to ensure that those who have lost their sight or are sight-impaired maintain their right to vote independently.